

IMPERIAL SESSION 2025 RESERVATION FORM



Send completed form with credit card or check payment to:

Aladdin Shriners, ATTN: IMPERIAL RESERVATION, 1801 Gateway Circle, Grove City, OH 43123

NOBLE		ROOMMATE/SPOUSE	
STREET ADDRESS			
CITY		STATE	ZIP CODE
EMAIL		PHONE	
<input type="checkbox"/> 1 KING	<input type="checkbox"/> 2 QUEENS	DATE OF ARRIVAL	DATE OF DEPARTURE
BED PREFERENCE (not guaranteed)			
PLEASE LIST ANY DIETARY RESTRICTIONS			

LIST NAME(S) AND AGE(S) BELOW OF ANY CHILDREN ATTENDING

CHILD'S NAME	AGE	CHILD'S NAME	AGE

IMPERIAL PACKAGES

IMPERIAL PACKAGE, **DOUBLE** OCC (4 nights) _____ @ \$1,350 Select: SUN – THU *OR* SAT – WED

IMPERIAL PACKAGE, **SINGLE** OCC (4 nights) _____ @ \$1,099 Select: SUN – THU *OR* SAT – WED

EXTRA NIGHTS BEFORE _____ @ \$203 / night

EXTRA NIGHTS AFTER _____ @ \$203 / night

I authorize Aladdin Shriners to charge the credit card provided on this form. I certify that I am an authorized user of this credit card, and that I will not dispute the payment with my credit card company; as long as the transaction corresponds to the deposit or full payment as indicated on this form.

TOTAL AMOUNT DUE

Imperial Package Total: \$ _____

Extra Nights Total: \$ _____

TOTAL AMOUNT DUE: \$ _____

PAYMENT INFORMATION

PAYMENT IN FULL DEPOSIT ONLY (\$150 per Adult)

CREDIT CARD NUMBER		EXP DATE	CVV
BILLING ZIP CODE		SIGNATURE	

(PAYMENT CAN ALSO BE MADE BY CHECK. PLEASE MAKE YOUR CHECK PAYABLE TO ALADDIN SHRINERS)